

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012334

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 48

FILED APR 2 1963

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		c. CITY OR TOWN <u>Troy Mo.</u>	
Length of stay in 1b <u>1wk</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>Mae</u> Last <u>Sydnor</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>28</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 30, 1873</u>	9. AGE (last birthday) <u>89</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (City and state or country) <u>Troy Mo.</u>		
13a. FATHER'S NAME <u>Harriet Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. Sydnor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Address <u>Evelyn Shelton Troy MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accidents</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11-0</u> a.m. p.m. Month, Day, Year <u>Mar 20 - Mar 28</u>	20d. INJURY OCCURRED - WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Troy Mo.</u>	
21. I attended the deceased from <u>Mar 20</u> to <u>Mar 28</u> and last saw her alive on <u>Mar 28/63</u> Death occurred at <u>Troy Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charlotte Leek</u> (Degree or title)		22b. ADDRESS <u>Troy Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 31, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		23d. LOCATION (City, town, or county) <u>Troy Mo.</u>	
24. FUNERAL DIRECTOR <u>Wayne McCoy</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>			

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED
4/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

White

DOCUMENT

BY AFFIDAVIT OF Funeral Director

ITEM NO. 6 SHOULD READ
Negro

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. W. McCoy

Licensed Embalmer No.

3588

P. O. Address

Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.